

MARYLAND HEALTH CARE COMMISSION

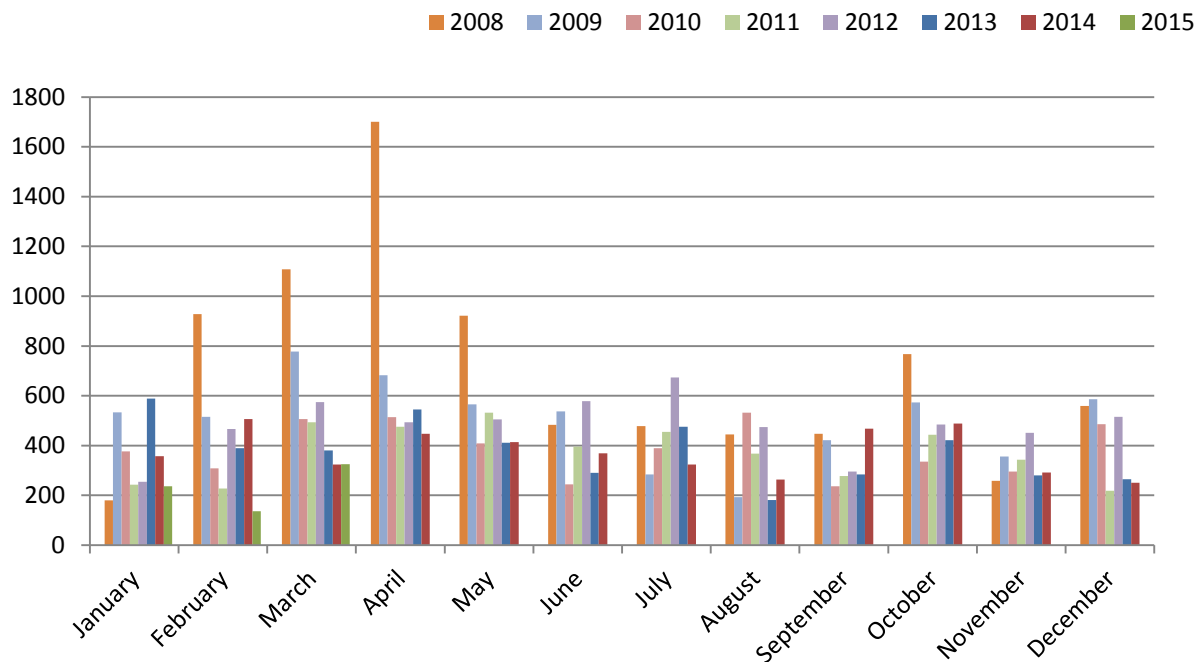
UPDATE OF ACTIVITIES

May 2015

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2015



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$324,638 for the month of March 2015. The monthly payments for uncompensated care from January 2008 through March 2015 are shown above in Figure 1.

TraumaNet

Staff attended the quarterly meeting of TraumaNet on May 13, 2015 and presented on the status of the Trauma Fund.

On Call Stipends

The January through June 2015 on call applications are due to the Commission on July 1, 2015.

Cost and Quality Analysis

Data Release Policy Implementation and Recognition of JHSPH IRB

MHCC staff has commenced implementation of the Data Release Policy approved at the March Commission meeting. The Staff Review Committee will meet on the fourth Thursday of every month to review applications and make recommendations. Once recommended for approval, applications will be presented at the next Commission meeting for a decision on approval. Commission review of applications are expected this summer.

MHCC is expecting an application from the Johns Hopkins School of Public Health to set up a pilot research center focused on analyses of MCDB data. At the Commission meeting on May 21, 2015, staff will request recognition of the Johns Hopkins Bloomberg School of Public Health (JHSPH) IRB to review the release of data to JHSPH instead of Chesapeake IRB, as was done for the DHMH IRB for the release of data to Hilltop at the Commission Meeting on April 16, 2015. The Commission may recognize IRBs that may review data releases in lieu of forming its own IRB, as specified in COMAR 10.25.11.

Dashboard Development

As part of the CCIIO Cycle III and IV grant deliverables, MHCC will produce dashboards for specific topics and audiences: (1) Industry Portal – this portal will display health care data, such as provider and procedure level prices and geographic distribution of services; (2) Consumer Portal – this portal will display health care prices targeted toward a consumer audience and permit them to review costs and compare providers; (3) Provider Portal – this portal will display health care prices targeted toward providers and will let providers better understand their own spending and compare themselves to other providers; (4) MIA Dashboard – this dashboard is designed specifically to support MIA rate review and will provide utilization and cost trends in custom and non-public dashboards; (5) Hospital pricing for elective procedures – this dashboard will display surgeon professional prices in conjunction with facility bills that are already displayed on the existing Maryland Health Care Quality Reports site.

MHCC has acquired Tableau software and will develop the Industry Portal, MIA Dashboards, and Hospital pricing applications with in-house resources. Staff have been working to develop the underlying data and have begun development of displays for these dashboards with planned releases coming in the summer and fall of 2015. MHCC has been working with its Project Management Office to develop a web development RFP to procure a vendor to develop the Consumer and Provider Portals. In addition, staff plans to procure Prometheus Payment software, an episode grouper, and technical support from Health Care Incentives Improvement Institute, developers of the software, to develop the pricing measures to be displayed on the Consumer and Provider Portals.

MCDB Portal and ETL Development

Development of the ETL and MCDB portal continues to progress well. The planned three tier data quality ETL validation process is now in production, with error reports and modules for updating waiver requests available to payors within the MCDB portal. Several payors have had to resubmit 2014 data, which are being updated and processed in May with expected delivery of paid-claims files by the end of June to the MIA. Updates to the MCDB portal and ETL process have been made for the 2015 data processing. The first quarter of 2015 data is due at the end of May 2015. The development of the data warehouse to which the ETL system will load all files once processed has been deferred to accommodate 2015 updates. The data warehouse design and development will continue and be completed in the summer of 2015.

Internet Activities

Data from Google Analytics for the month of April 2015



As shown in the chart above, the number of sessions to the MHCC website for the month of April 2015 was 11,791 and of these, there were 54.13% new sessions. The average time on the site was 1:54 minutes. Bounce rate of 68.48 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the ***mhcc.maryland.gov***. Other government agencies include ***dhmh.maryland.gov*** and ***hscrc.state.md.us***. Among the most common search keywords in April were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies.”

Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Public Site	Updates	Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	QM Completed
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site (x13 sites)	Redesign New Credit card Interface	Social Work <i>Completed</i> Diet <i>Completed</i> Massage Therapy <i>Completed</i> Board of Professional Counselors and Therapists <i>Completed</i> Board of Examiners of Podiatrist <i>Completed</i> New Board of Optometry Live New Board of Physical Therapy Examiners Live MCC – Updated
Physician Licensing	Completed	Completed
Health Insurance Partnership Public Site	Close-out	Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing On-going Maintenance	Auditing payments for several employers (Ongoing)
Hospice Survey 2014		LIVE
Long Term Care 2014 Survey		LIVE
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	LIVE
IPad/iPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	SEARCH ENGINE COMPLETED

Database and Application Development

Provided programming support for:

- Palliative Care and Long Term Care planning meetings and database support, getting hospital EID access
- Review of Long Term Care processing programs to find a better solution to importing Excel files
- Review of and streamlining of Trauma programs and output, troubleshooting issues
- Data cleanup project – continuing to work with staff to clean up and organize project files
- Working with the Agency for Health Care Quality MonAHRQ team to test monahrq 6.0 with our discharge data
- Processed a public information act request for hospital emergency department wait times

Provided web application development and support for:

- Long Term Care Guide: Nursing Home profile updates, home health quality measures and patient satisfaction
- Home Health Agency Survey web-based data collection development and testing for 2014
- Data Release Tracking: development ongoing, discussions ongoing for MCDB release specifications

- MHCC website: SQL table update issues, Ajax control issues, policy and legislative reports master page fixes
- MHCC Public Use File Updates: Ambulatory Surgery 2013 now available
- MHCC Commissioner Site monthly updates
- Health Care Pricing: assess how well the physician database and the National Plan and Provider Enumeration System (NPPES) fills in missing values for physician name, specialty and location; issued bid-board for Tableau support
- Assisted Living and Nursing Home Flu Surveys refreshed for 2014-2015 data collection

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The May 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 33rd edition of the NOAS News & Notes newsletter. Features include:

- **Guest Connectivity:** Reminder about MHCC's best practices in maintaining a high level of data/network security while providing technology services for guests:
 - No outside computer equipment is permitted to attach to the MHCC network through a wired connection.
 - Wi-Fi is available throughout the main office
 - Guest who have to present at meetings held in Conference Room 100 should do the following:
 - Email the presentation(s) to the respective MHCC staff member, who will forward it to a member of the technical staff, or...
 - Bring the presentation to the meeting on a USB memory drive
 - Guest who have to present at meetings held in Conference Room 101 should do the following:
 - Follow the instructions for Conference Room 100, or...
 - Can connect a laptop to the TV monitor in that room. If the laptop does not have a VGA port, the guest presenter is responsible for providing it through an external cable
 - Guest can use the "stand-alone" computer to access the Internet and for printing. MHCC staff should login guests on this computer system
 - At no time should a guest use the login or workstation of MHCC staff
- Reminder on how to use the spell-check feature within Gmail

Special Projects

Health Insurance Rate Review and Medical Pricing Transparency:

CCIIO Cycle III and Cycle IV Grants

During the Fall of 2013, CMS/CCIIO awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly \$3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and enhance Maryland's medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. The ETL portal went live for carrier data submission on September 30, 2014. Quarterly data submissions continue and, as data issues are discovered, carriers have begun resubmitting data from earlier quarters. The resubmission and reconciliation process should be

complete by the end of May. The portal continues to be built out, with Tier 3 full automation expected by the end of May. In addition, staff continues working with the database contractor and the PMO on the design, development, and implementation of a Data Warehouse.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than \$1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland. With Business Intelligence (BI) software now procured from Tableau to support the development of dashboards to be displayed on MHCC's consumer and provider portals, as well as data displays to support MIA's enhanced rate review process, staff prepared a sole source contract with SSS to provide technical and infrastructure support to Tableau. That contract is pending approval from DoIT. To further support that project, staff is drafting an RFP to procure a website development vendor with Tableau expertise to provide health care decision support for the website application. Finally, in late February, staff executed a Grant Agreement with CRISP to develop an enrollee MPI file for 2014 and 2015 data submissions to the MCDB.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities. The Methodologist and Freedman continue meeting with Maryland's large insurance carriers to discuss a data validation process with the goal of reconciling APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings. Freedman is also assisting staff in drafting the Scope of Work section of the website development RFP.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and PCI Services

Staff posted a draft amended COMAR 10.24.17 for informal public comment on April 17, 2015 with a three week period for public comments. Staff reviewed the comments received at the Cardiac Services Advisory Committee (CSAC) meeting on May 13, 2015. These proposed changes primarily involved providing more specific guidance to PCI programs on the requirements for independent external review of PCI cases. Staff also worked with five members of the CSAC on specifically reviewing the ICD-9 codes that define cardiac surgery. The conclusions of these members was also discussed at the CSAC meeting in May.

State Health Plan Update: COMAR 10.24.15, Organ Transplantation Services

The work group meeting scheduled for April 29, 2015 had to be postponed, due to a policy requiring cancellation of meetings convened by state agencies when liberal leave is in effect. (Liberal leave was put into effect for April 29 because of the civil disturbances occurring in Baltimore City earlier in the week of April 29.) The meeting has been rescheduled and will be held on May 27, 2015. In addition, staff has scheduled a fourth and final meeting of this work group that will be held on July 14, 2015.

Development of State Health Plan Regulations for Freestanding Medical Facilities

Staff continues to work on drafting regulations for freestanding medical facilities. Staff also has worked on a plan for formation of a work group to assist in development of this new plan chapter.

Other Activities

An audit of the data that hospitals submit to the Society of Thoracic Surgeons (STS) data registry has begun. Hospitals have been notified of the cases that will be reviewed, and the data collection is expected to be

completed in early June. Staff currently anticipates that the audit will be completed before the end of November.

Long Term Care Policy and Planning

Minimum Data Set Project

Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to further refine the MDS Manager program, which now includes MDS 2.0, as well as MDS 3.0, and incorporates updates as CMS revises versions of MDS 3.0. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care, as well as programming MDS data to support the Long Term Care Survey and various component reports. Developmental work on the Nursing Home Occupancy Report is nearing completion.

CMS requires an annual renewal of the Data Use Agreement (DUA) that enables MHCC and Myers and Stauffer to have access to MDS data for Maryland nursing homes. That DUA has now been extended through March of 2016.

Hospital Palliative Care Study

Information on the status of this project, as well as updates, are posted on the Commission's website at:

http://mhcc.dhmdh.maryland.gov/Pages/HPCP_Project.aspx

Staff has developed a survey based on the National Quality Forum (NQF) best practices. This was initially submitted to the Standards/Best Practices Subcommittee, and was then sent to all pilot hospitals for completion. Staff has received responses from almost every pilot hospital.

A meeting of the Hospital Palliative Care Advisory Group has been scheduled for June 2, 2015. This meeting will focus on an initial review of data submitted to CAPC, the data set for palliative care at the pilot hospitals being created through the HSCRC discharge data base (the first six months of data), as well as the Best Practices Survey.

Hospice Survey

Data collection for the FY 2014 Maryland Hospice Survey is currently underway. Staff has been reviewing Part I data as it is submitted, and has now received updated Part I data from all hospice providers. Part II of the survey is due by June 1, 2015.

Updating the Home Health Agency (HHA) Chapter to the State Health Plan

A 2015 HHA Advisory Group was created to review the issues and a new regulatory approach outlined in the *White Paper: a New Approach for Planning and Regulatory Oversight of HHA Services in Maryland*, as well as to discuss other relevant concerns. The Advisory Group convened for its third meeting on April 14. The agendas, meeting summaries, White Paper, and copies of the presentations as well as the Advisory Group's membership roster are available on the Commission's website at

http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx Commission staff is now in the process of drafting updated regulations for the HHA Chapter of the State Health Plan (which will be established as COMAR 10.24.16) based on the White Paper and the advice and input gathered from the Advisory Group.

Home Health Survey

The 2014 Home Health Agency Annual Survey collection will begin on May 21, 2015 and end on July 20, 2015. Fifty-seven agencies will participate in the statewide survey.

Long Term Care Survey

The Maryland Long Term Care Survey for comprehensive care facilities which included the User Fee Assessment and Health IT data collection period ended on April 21, 2015, with 230 comprehensive care providers participating in this year's survey. The Maryland Long Term Care Survey for Assisted Living, Chronic Care facilities and Adult Day Care Programs data collection period began in March and the collection period will run through May 21, 2015.

Certificate of Need

Changes to Approved CON's Approved

700 Toll House Avenue Operations LLC d/b/a College View Center – (Frederick County) – Docket No. 12-10-2336

Relocation of a comprehensive care facility (CCF)

Increase in the approved project cost (\$5,841,944) and six month extension for the third performance requirement

The approved cost of the project is now \$26,367,755 and the project must be completed by October 30, 2015.

CON Applications Filed

Encore at Turf Valley – (Howard County) - Matter No. 15-13-2365

Add 28 CCF beds to the existing 63-bed CCF located in Ellicott City.

Estimated Cost: \$3,556,500

Baltimore Nursing & Rehabilitation Center d/b/a Restore Health, Baltimore – (Baltimore City) - Matter No. 15-24-2366

Establishment of an 80-bed CCF using temporarily delicensed beds acquired from Johns Hopkins Bayview Medical Center. The new facility is proposed for development at 300-306 W. Fayette Street in Baltimore City

Estimated Cost: \$18,408,417

Sheppard Pratt at Elkridge – (Howard County) - Matter No. 15-13-2367

Relocation and expansion of a 92 bed acute psychiatric hospital currently located at 4100 College Avenue, in Ellicott City. The new site is located near the intersection of Route 103 and Route 1, in Elkridge.

Replacement of the existing hospital with a 100-bed hospital is proposed.

Estimated Cost: \$102,653,372

Suburban Hospital – (Montgomery County) - Matter No. 15-15-2368

Expansion and renovation of a general acute care hospital located in Bethesda.

Estimated Cost: \$199,853,006

CON Applications Withdrawn

Ingeside at King Farm – (Montgomery County) – Docket No. 14-15-2355

Conversion of 20 CCF beds authorized as exceptional continuing care retirement community beds to beds available to the general public proposed in conjunction with acquisition of 20 temporarily delicensed beds from National Lutheran Home/Village at Rockville.

Estimated Cost: \$160,000

CON Exemption Request Filed

Seasons Hospice & Palliative Care of Maryland, Inc.(Seasons)

Merger of Seasons and Optum Palliative and Hospice Care. The surviving hospice, Seasons, will acquire authorization to serve Montgomery County through this merger.

Determinations of Coverage

• Ambulatory Surgery Centers

Parkway Surgery Center, LLC – (Washington County)

Change in ownership of the surgery center

Upper Bay Surgery Center, LLC – (Cecil County)

Change in the majority ownership of the surgery center

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee discussed the recent release of the Meaningful Use Stage 3 Notice of Proposed Rulemaking (NPRM) by ONC and the Centers for Medicare & Medicaid Services (CMS) regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and the 2015 edition certification criteria for health IT products. The NPRM specifies new criteria, which aim to streamline meaningful use Stage 3 objectives and reporting requirements to support advanced use of EHR technology. The proposed rules also aim to provide more flexibility, drive interoperability, and further increase the focus on patient outcomes to improve care.

Staff continues to evaluate data from the annual Hospital Health IT Survey (survey). The survey assesses health IT adoption among all 47 acute care hospitals in Maryland, including EHRs, computerized physician order entry, clinical decision support, medication administration systems, infection surveillance software, electronic prescribing, health information exchange (HIE), telehealth, and patient portals, as well as their participation in the Medicare and Medicaid EHR Incentive Programs. The survey included new questions this year inquiring about hospitals' use of data analytics for population health management. Hospital data analytics software tracks mortality, health status, disease prevalence, and patient experience, among other things, to predict outcomes, measure trends, and establish correlations that can be used to drive quality of care and lower costs. Preliminary findings suggest that roughly 40 percent of hospitals are using data analytics for population health management. A report on the survey findings is anticipated to be released this summer.

During the month, staff developed a framework document (document) aimed at increasing EHR adoption and meaningful use among local health departments (LHDs). The document builds on an environmental scan (scan) of LHDs that staff completed in the fall of 2014. Findings from the scan indicated that 15 of the 24 LHDs have adopted an EHR; among the nine remaining LHDs, about five indicated plans to implement an EHR in 2015, and four are in the process of evaluating EHR vendors. The document focuses on increasing collaboration among LHDs to help facilitate shared learning and diffusion of EHR best practices, among other things. Staff plans to convene a meeting of LHDs' EHR users to discuss developing a *LHD EHR User Resource Guide* that will include information that can assist EHR users in effectively utilizing the technology.

During the month, staff continued analyzing health IT data collected through Maryland's Annual Long Term Care Survey. Preliminary analyses indicate that approximately 72 percent of the 233 comprehensive care facilities (CCFs) in Maryland have purchased EHR solutions; however, the number of CCFs that have implemented the technology in staff's preliminary analysis is about 22 percent. Staff is working with stakeholders to determine the core EHR functions used by CCFs, such as demographic information, care plans, activities of daily living, etc. EHR diffusion and other technology features used within these solutions will be included in a report, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland* (report), which is scheduled to be released this summer. The report will also provide an overview of the national long term care health IT landscape and opportunities to advance health IT adoption in Maryland. Audacious Inquiry was competitively selected to assist in completing the work.

State Designation was approved by staff during the month for the following Management Service Organizations (MSOs): Children's IQ Network; MedChi Network Services, LLC; MedTech Engenuity Corporation; and Syndicus, Inc. State Designation requires MSOs to demonstrate they have met specific

criteria to maintain high quality business operations and sound privacy and security policies. MSOs offer technical assistance to health care providers in their adoption and use of health IT, such as implementing EHRs and achieving meaningful use. In April 2014, new criteria for State Designation became effective to ensure MSO services are aligned with health care reform initiatives. Among other things, the new criteria require MSOs to provide assistance with practice transformation efforts. The new criteria also enable MSOs to demonstrate compliance with federal and State privacy and security requirements through different options, such as accreditation through the Electronic Healthcare Network Accreditation Commission or an alternative independent third party assessment recognized by MHCC.

Health Information Exchange

Staff participated in a meeting with the Chesapeake Regional Information System for our Patients (CRISP) Privacy and Security Committee. During the meeting, members discussed the status of the annual CRISP privacy and security audit (audit) and a proposed budget to implement any necessary remediation plans. Staff reviewed a preliminary draft report submitted by the independent auditor, CliftonLarsonAllen (CLA), which details findings from the audit. In the preliminary draft report, CLA noted that CRISP continues to make progress to improve information security controls in the areas of website security, account review, and subcontractor cooperation. They did identify several security control weaknesses that CRISP will need to address to ensure it minimizes the risk of being exploited by an attacker. The report is expected to be finalized in May and will include specific recommendations for CRISP to enhance controls around privacy and security.

Staff worked with CRISP to finalize a proof-of-concept framework (pilot) that would enable CRISP to receive electronic administrative transactions from ambulatory practices. The pilot enables Cyfluent, a Maryland-based electronic health network (EHN or network), to automatically send select data elements from administrative transactions of the nearly 500 practices that use the Cyfluent's network. The data will be repurposed by CRISP in the form of electronic alerts that will be available to care managers when their patient has an encounter with another provider. The pilot is scheduled to begin in the summer with a six-month timeframe. Staff also convened a meeting with CRISP and Emdeon, an EHN considered to be one of the largest networks in Maryland and nationally. Discussions centered on engaging Emdeon in a similar pilot to test the feasibility of using information from administrative transactions to help inform the care delivery process.

During the month, staff convened a meeting with the Pharmacy HIE Access Workgroup (workgroup) to develop a plan for implementing a limited six-month use case pilot (pilot) that will help inform efforts to expand CRISP services to nearly 1,600 community pharmacies in the State. The CRISP Query Portal currently provides authorized pharmacists that work in community settings with access to data from the Prescription Drug Monitoring Program, which includes information on patients' fill history of controlled dangerous substances. The goal of the pilot is to enable community pharmacists to have access to other clinical information available through CRISP, such as medication history, laboratory results, radiology reports, and transcribed reports, to help support care delivery. Approximately five community pharmacy sites were selected to participate in the pilot. During the meeting, the workgroup continued to discuss technical challenges that need to be resolved prior to beginning the pilot, as well as the approach to assessing the pilot at the conclusion of the six-month timeframe.

Activities to assess implementation of electronic preauthorization were initiated during the month. Staff finalized a web-based survey tool, which was distributed to State-regulated payors (payors) and pharmacy benefits managers (PBMs). Health-General Article § 19-108.2 enacted in 2012 required MHCC to work with payors and PBMs to implement, in a series of three benchmarks, online processes for electronic preauthorization requests. In 2014, the law was amended to include a fourth benchmark that requires certain payors and PBMs to establish an electronic process to override a step therapy or fail-first protocol for pharmaceutical preauthorization requests by July 1, 2015. The largest payors and PBMs in the State have met the requirements of the first three benchmarks. This year's survey will capture payors' and PBMs' attainment of the fourth benchmark and assess their efforts to increase awareness and education about their online preauthorization system; a report is due to the Governor and General Assembly by December 2015.

During the month, staff finalized the proposed amendments to COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*. The amendments add the fourth benchmark and a corresponding reporting requirement; remove expired reporting requirements; and add language that payors and PBMs must maintain their online processes.

During the month, staff released an *Announcement for Grant Applications*, which seeks applicants who can implement telehealth technology and demonstrate its impact on improving the patient experience and the overall health of a population being served. Applicants were able to select among five use cases developed by the Telemedicine Task Force in 2014. Staff plans to competitively award up to three grants of approximately \$30,000 each; a 2:1 financial match is required of awardees. In October 2014, MHCC awarded a combined total of \$87,888 to three grantees to study the impact of telehealth on improving care coordination between a hospital and CCF. The grantees include: (1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; (2) Dimensions Healthcare System (Dimensions) in partnership with Sanctuary of Holy Cross; and (3) University of Maryland Upper Chesapeake in partnership with the Bel Air facility of Lorien Health. The three grantees are continuing to assess how use of telehealth impacts hospital admissions, readmissions, and emergency department transfers. Dimensions has begun to explore expansion of their telehealth pilot project to other CCFs. Preliminary results from the telehealth pilot projects are expected to be available in the fall of 2015.

Innovative Care Delivery

Staff provided guidance to Medicaid Managed Care Organizations in preparing for the distribution of the 2013 shared savings incentive payments earned by practices participating in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP or pilot). Each participating practice will receive a report detailing their attainment of quality, utilization, and cost measure thresholds. The MMPP requires practices to meet or exceed each measure in order to qualify for shared savings incentive payments. Quality measures quantify a selected aspect of health care delivery by comparing it to an evidence-based criterion that specifies what constitutes better quality. Utilization measures quantify the extent that a practice's patient population uses a particular service, such as inpatient hospitalization and emergency room services, within a specified time period. Cost measures quantify changes in health care costs from one time period to another. Staff anticipates that shared savings payments will be distributed in May.

During the month, staff continued drafting issue briefs that will become part of a final report, *Evaluation of the Maryland Multi-Payor Patient Centered Medical Home Program*. The report will detail findings from the final evaluation of the three-year pilot, specifically assessing the impact of the PCMH model in regards to: 1) practice transformation; 2) provider satisfaction; 3) patient satisfaction and experience, including access to care; 4) quality, utilization and costs of care; and 5) health care disparities. Findings from the evaluation suggest that adoption of the PCMH model by primary care practices met program goals, such as improvements in care coordination, communication, and monitoring and standardization. Staff plans to release the issue briefs in May.

Staff collaborated with the Maryland Learning Collaborative (MLC) in developing an educational session for practices participating in the MMPP. The educational session will be held on May 7th and include guidance to practices in transitioning to a single carrier advanced care delivery program; the MMPP is scheduled to conclude in December 2015. During the educational session, Aetna, Cigna, CareFirst and UnitedHealthcare are scheduled to present the benefits of their single carrier advanced care delivery programs, as well as an overview of the practice participation application process. Staff is in the planning stage of reconvening the PCMH Practice Transformation Workgroup (workgroup). The workgroup convened several times in 2014 to discuss challenges and propose solutions to expanding advanced care delivery models in the State. Workgroup activities were placed on hold as MHCC, the MLC, and MedChi, The State Medical Society, partnered with CRISP (prime) in submitting a practice transformation grant application to CMS earlier this year.

Electronic Health Networks & Electronic Data Interchange

During the month, staff recertified two EHNs: Surescripts, LLC and EDI Health Group. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, requires third party payors operating in the State to only accept electronic health care transactions from networks that are certified by MHCC. Certification is awarded to networks that have achieved accreditation by a national accrediting organization. Staff also began collecting payors' 2015 Electronic Data Interchange (EDI) Progress Reports (reports) in accordance with COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. The regulations require payors with premiums exceeding \$1M annually, and select specialty payors, to report census level administrative health care transactions data to MHCC each year. Payors are required to submit their report no later than June 30th. An information brief is scheduled for release at the end of the year.

National Networking

Staff attended several webinars during the month. Health Data Management presented, *Information Insights: Impacting Strategy through IG*, which discussed strategies for best practices on managing the information lifecycle (i.e., health data from creation through disposition) so that health systems can maximize information value, minimize risks, and contain costs. The Learning Health Community hosted, *ESTEL Initiative Update*, which was based upon the work of the 'Big 6 Thinkers' meeting in September of 2014 and builds upon the "Learning Cycle" framework. CMS and the Health Resources and Services Administration presented, *A Small Physician Practice's Route to ICD-10*, which provided information on tools and strategies that physicians, practice managers, and office staff can use as they transition to ICD-10, including documentation requirements for common health conditions and a customizable action plan and resources. Healthcare Informatics hosted, *Healthcare Analytics and Care Transformation: An Organizational Imperative*, which highlighted the different levels of health care analytics and how a modular approach that starts with small-scope projects can help organizations expand their analytics competency.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Two Requests for Proposals (RFP) for key support functions that include the CAHPS® Survey Administration and the HEDIS® Audit and Performance Evaluation of Commercial Health Benefit Plans have been successfully drafted. The CAHPS® survey administration RFP is pending posting and the HEDIS® Audit and Performance Evaluation of Commercial Health Benefit Plans RFP is currently under review by the Department of Budget and Management and pending subsequent posting. Staff continues its commitment to support the Exchange for the 2015 reporting period.

On-site carrier visits for audit purposes began taking place in early March and successfully concluded in mid-April. Carrier audits for the 2015 public reporting period on health benefit plan quality remain on track for timely public reporting on the comprehensive quality measurement set. MHCC and its audit partners continue to work closely with carriers during the post-onsite period to address follow up and outstanding questions and concerns related to the annual audit. MHCC anticipates a successful 2015 audit.

Staff continues to work on the development of the 2015 Health Benefit Plan Quality Report series while concurrently providing input into development of a navigable website to go live prior to the start of the State's open enrollment period anticipated before October 1, 2015.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care

Home Health Quality measures and experience of care scores were updated in the guide. Resident Characteristics were also updated.

Nursing Home Experience of Care Surveys

Second surveys were mailed May 7th to those that have not yet responded to the survey. As of May 44% of the long stay and 33% of short stay surveys have been returned. This response rate is consistent with prior years. Responses will be accepted through the last week in May.

Home Health Agency (HHA) Quality Initiative

Staff attended the Centers for Medicare & Medicaid Services (CMS) webinar that described the rationale and methodology for adding HHCAHPS Star Ratings to the Home Health Compare website. CMS believes Star Ratings make it easier for consumers to use the information as well as easily spotlighting excellence or poor health care quality. They propose publishing five HHCAHPS Star Ratings, based on the same patient survey results publicly reported on Home Health Compare: one for each of the three composite measures (Care of Patients, Communication, and Specific Care), one for the Overall Rating of Care measure, and one Survey Summary Star. Home Health Compare ratings for the HHCAHPS measures are reported for each Maryland Home Health Agency on the Consumer Guide to Long Term Care.

The HHCAHPS Star ratings can be incorporated into the proposal currently under consideration to incorporate quality scores of home health agencies for use in CON decisions.

LTC Staff Influenza Vaccination Survey

Online data submission is in progress as of May 12. Nearly 70% of assisted living facilities and 80% of nursing homes have completed data submission.

Other

Staff attended the *MDVA Improvement Network* Kick-Off Meeting held April 29, 2015 via webinar. This meeting introduced the Nursing Home Improvement Network (NHIN), an online community sponsored by the CMS designated QIO, the Virginia Health Quality Center (VHQC) (<http://www.vhqc.org/>). The Network is built around an improvement strategy designed by the Institute of Healthcare Improvement (IHI) using a collaborative learning community model. The network will use Centers for Medicare and Medicaid Services (CMS) developed tools, Plan-DO-Study-Act (PDSA) continuous improvement cycles, and online community sharing of best practices to effect change in MD and VA nursing homes. Areas of emphasis by the network are: reducing antipsychotic drug use, prevention of healthcare-associated infections (HAI), and improving mobility in nursing home residents. This is a voluntary program for nursing homes in Maryland and Virginia; 80 callers were on the webinar. It is not known how many nursing homes were represented or how many were Maryland nursing homes.

Antipsychotic use in Maryland nursing homes

The National Partnership to Improve Dementia Care in Nursing Homes Trend Update tracks progress toward reducing the inappropriate use of antipsychotic drugs in nursing home. The most recent report showed, compared to other states, Maryland nursing homes ranked 8th best in improvement on this measure. The measure is defined as the percentage of long-stay nursing home residents receiving an antipsychotic medication (excluding residents with schizophrenia, Huntington's Disease or Tourette's Syndrome).

National rates reported from 2011 Q4 to 2014 Q4 show a decrease of 20.1% (from 23.9% in 2011 to 19.1% in 2014Q4). Maryland nursing homes reported a 19.5% rate in 2011 which decreased to 14.8% in 2014, a 24% improvement. The Maryland Health Care Commission reports the rates of antipsychotic medication use for each nursing home on the Consumer Guide to Long Term Care.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports

Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal has supported direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, has been transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland. The new Maryland Health Care Quality Reports website continues to evolve as we work towards implementation of AHRQ's new and improved MONAHRQ 6.0 software. Our next update to the website will incorporate the new software, new physician profile data, updated healthcare-associated infections data, CMS clinical measures and HCAHPS scores. The staff will utilize consumer focus groups to inform our activities and to ensure we address the interests and information needs of consumers. To that end, we recently completed a procurement for focus group facilitation services. We held our kick-off meeting with our new contractor, Opinion Works, LLC on April 29th and plan to hold focus group sessions in June.

On May 6th, the staff demonstrated the new website during the Annual Conference of the Assisted Living Federation of America (ALFA) in Tampa, Florida. The demonstration focused on our use of MONAHRQ as a tool for supporting health care performance reporting. We will continue to identify opportunities to promote the new consumer site.

The staff continues to work closely with the HSCRC and their Consumer Engagement Taskforce (established to support the new all payer model program). During the May 8th Taskforce meeting, the group focused on hospital strategies to promote patient and family engagement and enhance consumer communication.

Healthcare Associated Infections (HAI) Data

Maryland hospitals continue to report *Clostridium difficile* infections data (CDI Lab ID events) through CDC's NHSN surveillance system. Calendar year 2014 data has been added to the Maryland Health Care Quality Reports website for CDI and CLABSI in ICUs.

Staff continues to work with hospitals on the new HAI data requirements that became effective January 1, 2015 including the expansion of CDI and MRSA bacteremia Lab ID event reporting into outpatient emergency departments and 24-hour observation units, as well as the expansion of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) into adult and pediatric medical, surgical, and medical/surgical wards.

MHCC staff requested CDI and MRSA data from hospitals in early March in preparation for the audit of NHSN data. The staff in collaboration with the audit contractor, work closely with hospital Infection Preventionists to provide guidance on audit requirements and procedures. The audit is now underway.

The staff continues to participate on a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting. Conference calls are held bi-weekly.

Specialized Cardiac Services Data

The quarterly meeting of the Cardiac Data Coordinators was held on May 12th. The workgroup is comprised of the hospital staff who are responsible for the submission of the NCDR ACTION Registry and CathPCI Registry data. The group works with the Commission staff on issues that affect the quality and integrity of the registry data.

The Commission also requires all hospitals with cardiac surgery programs to participate in the Society for Thoracic Surgery (STS) cardiac data base. This database supports the CON program and the health planning activities of the Center for Health Facilities Planning and Development. An audit of the STS data is now underway.